A new core curriculum for O&G – our journey
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I'm going to share with you, over the next 15/20 minutes, I guess, a little bit about the journey that we've been on. I apologise for those of you in the audience who have already heard this talk and those of you who've looked at some of it on the website, but I do think it's quite important to set the scene. Then my colleagues who have been key within this project are going to share some of the work that has happened.

I guess the reason you're here today is because you have important roles within education locally and we're looking to you to be the champions to go and share the message with trainers within your unit and trainees. I am in no way naïve. I understand that a new curriculum and change is going to be challenging for everyone and implementing that is going to be difficult. I don't have an answer to it and I think we'll all have to just be aware that it will be difficult. I think in terms of in two or three years' time, hopefully, everyone will think that that change has been positive and we'll be producing the doctors which we need to for a future in obs and gynae.

If we just think back to some of the drivers for the change and why are we changing the curriculum at all, and I suppose this goes back quite a long time to those of you who may be familiar with the college document 'Tomorrow's Specialist', which was published about six or seven years ago now, really trying to describe what we wanted a consultant in obstetrics and gynaecology in the 21st century to look like. Then you'll be aware of David Greenaway's report, 'Shape of Training', which, again, outlined what doctors in a modern healthcare system would look like and really trying to reintroduce broad-based training, particularly in the medical specialties. People do respiratory medicine or cardiology and there are very few general physicians left. We need to move away from highly specialised doctors and making sure that everyone within our specialty can deliver basic obstetric and gynaecology care and work on on-call rotas.

In terms of Clare McKenzie, our previous Vice President for Education, led a working party reviewing the curriculum and making a number of key recommendations, one of which was to redesign our curriculum to create a new ePortfolio and think about the exam. In terms of one of the pieces of work which was done within that review, was actually going up and down the country and doing small focus groups with trainers and trainees and listening to what the concerns are with the current curriculum. I am sure I speak for many of you, but there are many problems with our current curriculum. It's tick-boxey. There are lots of things which are shoved in and nothing is taken out. There are many things which are difficult to deliver and, actually, we don't do routinely in everyday practice. There are many trainees that have difficulty meeting some of those competencies.

I think in terms of the new curriculum, it gave us an opportunity, really, to start again and think about, "Well, what do we want our doctors of the future to be doing?" Ed Prosser-Snelling did a piece of work looking at our current curriculum and really dividing up all the skills that we have within it into technical and non-technical. I suspect it will be no surprise to many of you in the audience that over 80% of what is in our current curriculum are technical skills.

Now, you're all experts and consultants and leaders in your own units. I know that all of you, in your everyday jobs, in terms of the technical aspects of it, are a part, and an important part, but actually probably are a small part. Actually, it's those non-technical skills and leadership skills which become increasingly important. Doctors, when they're transitioning to become a consultant, are vulnerable and some doctors, sadly, are referred to the GMC. When you look at the reasons

for referral to the GMC, then it's often not for their knowledge skills or their technical skills. It's due to those non-technical skills. Therefore I think we have a responsibility to make sure that we train our doctors in the skills that they're going to need for the future and therefore the emphasis within the curriculum mirrors that.

One of the really difficult things that Clare's group had to do was to come up with a definition of what a consultant in obstetrics and gynaecology in 2019 should look like. They came up with this. I'm not going to read it out. It's not a short and snappy one-liner, but I hope you agree that that probably does capture in terms of the complex role that we all undertake on a daily basis and it has many different aspects to it. If we think of that as a starting point, we need to ensure that our curriculum supports that and make sure that at the end of it, our trainees coming out are able to perform that role.

During the period of this project I guess there was another big driver. Obviously the GMC, which is our regulator and regulates postgraduate and medical education and has to ratify and approve all new curricular, brought out their framework for generic professional capabilities. This is a framework, really, which is trying to emphasise, I guess, general professional skills which are common between all specialties and making sure there is a big emphasis. One of the things is they are looking to ensure that there are some transferrable skills from specialty to specialty. If you start off in general medicine and then move into obstetrics and gynaecology, whilst there will be specialty-specific aspects which will be new to you, there will be many generic skills which will be similar.

Again, many of you will be familiar with this framework. It covers nine domains, and many of those are professional and leadership rather than focusing purely on technical competencies and in terms of all colleges have to rewrite their curricula by the end of 2021 to ensure that the GMC GPCs are incorporated and you can demonstrate how that works.

Our new curriculum will look very different, and those of you who have looked at the resources on the website will see this, so in terms of the 19 modules will not exist anymore, in terms of it is now divided up into four professional identities trying to represent the roles that we perform on a daily basis. We all work as healthcare professionals. We work as research scholars and educators. We're all clinical experts in obstetrics and gynaecology, but also I think we have a unique role within healthcare. We are champions for women's health and I think we need to empower our trainees to be a little bit more political in the future and to try and advocate for women's health issues.

I would like to reassure you that in terms of whilst there is a change in emphasis, the current clinical content of our curriculum is all within the clinical expert. It may at a much higher level, but the expectations of knowledge and general technical skills will be very similar.

The structure of the curriculum will be different as well. We've talked about these four categories. Each of those will be divided up into a number of high-level learning outcomes or capabilities in practice. Within these, there will be subdivisions or key skills and there will be some descriptors or descriptions of what is expected of the doctor in training. Thinking about, I suppose, generic professional skills and specialty specific, then in terms of we have eight learning outcomes which are developing the trainee as a doctor. Then we have another six which are developing the trainee as an obstetrician and gynaecologist, four within the 'clinical expert' area and two within 'champion women's health'.

This next slide is very busy and it may be difficult for you to read, but that really just describes the high-level learning outcomes. If we look at the clinical expert, then we've divided it up into four

broad areas. As a consultant of obstetrics and gynaecology, you need to be able to manage the labour ward, so acute obstetrics. You need to be able to manage the acute gynae service, but also you need to be able to work in an outpatient setting for both those areas.

With any new curriculum, you need to make sure you have a way to assess, and in terms of I'm very grateful to Rehan Khan, who is the College Workplace Assessment Adviser and the Deputy on the Core Curriculum Committee, for leading on this work. His first task was really to chair a task and finish group looking at actually what we had already and then looking at the medical education literature, but also looking at what other colleges had as well. I guess we had some key principles. We wanted to move away from this tick-box approach that we have at the moment. As educational supervisors, I'm sure you find it quite frustrating constantly going through the log book and ticking things off. I think we need to treat our trainees as adult learners and bringing that back rather than them as school children. We need to bring back professional judgement and global assessment.

I guess Rehan concluded that actually the current toolkit that we have is actually, probably, quite fit for purpose. It just needs some modification. You'll be relieved to know that there aren't going to be any major changes in the workplace-based assessments. We're not changing their names and the general structure will be quite similar. However, there will be a bigger emphasis on reflection and learning from that. Some of you may have been involved already in the pilots which have been happening up and down the country, and hopefully you've given your feedback. If you haven't and you've used them, please do continue to give us your feedback.

Then one of the really important things is if we think about multisource feedback and the TO forms, then one of the big problems with that is actually there's no trainee self-assessment. You'll all be familiar for your own appraisal doing MSF, that one of the really important things is that actually you self-assess and then look at how that measures and matches with what other people say about you. As the person who's trying to, I guess, go through your MSF, then I think that's really helpful. When there's a mismatch, you completely underestimate yourself. Then I think professionally, there's something about trying to develop your confidence. On the other end, if you are really confident and saying you're amazing but everyone says, "Well, no, there's improvement needed," then, again, we would worry about a lack of insight in terms of that's something which we need to address as well.

As many of you will be aware, this new curriculum will be supported by a new ePortfolio. I'm aware that the current ePortfolio is clunky and it will be changing. We have a new ePortfolio provider, NDP Studios, and they're going to come and give a demonstration today of where we're up to with that. I think this is a really exciting project. The functionality of the new ePortfolio will be much better. Again, I'm sure there will be teething problems, like with all new IT projects, but in the fullness of time I think it will be much improved. It's going to be available so you can use it on your phones and tablets, so I think completing forms and assessments in real time, dependent on hospital Wi-Fi issues, then that will be, hopefully, much improved and make it easier for trainees and trainers.

I suppose, how have we done all of this? Well, many of you in this room have contributed to this work and I'm very grateful, personally, to you for all of that. It started off about three years ago with a number of workshops downstairs in the education centre with flipcharts, Post-its and trying to develop some frameworks. I'm very proud of the team to have developed something, which is on your tables today, a definitive document, something which I know I'm biased, but I think we

should be incredibly proud of and I think something which is going to, hopefully, produce the doctors we need for the 21st century.

We've also had a number of task and finish groups. Some of those are still ongoing. Fiona Clark is leading on an educational supervisors' task and finish group and an ePortfolio group. I guess they are going to be really important in the coming months.

Then what I think is very important for this college is actually the input of the general public. We have had the support of the Women's Network, but we've had a number of public insight groups and workshops, which have been incredibly important to shape our curriculum and actually ensure that we're delivering what our service users need. Actually, reassuringly, they have been very positive and think we're along the right lines.

In the summer of last year there was a formal consultation document, which came to all Fellows and Members, went to all other royal colleges and major stakeholders. As a result of that, changes were made and modifications to improve what we had produced made. I'm grateful to you all for your time in terms of reading through that and making sensible suggestions because sometimes when you're in the middle of a project, you get so snowed under that actually it does take fresh eyes to ask pertinent and challenging questions.

As I've already alluded to earlier on in the talk, then in terms of our regulator, as the GMC, they have to approve all new curricula or revisions. That process is challenging and time consuming. In the summer of last year we put our purpose statement in, so then which describes what you're going to do and how you're going to do it. The initial plan had just really been to change the core curriculum and leave advanced training as it was.

However, the GMC had a different plan. Their feedback, whilst it was positive to what we wanted to do, they wanted advanced training and subspecialty training to be reviewed as well and to be put into this new format. I think that has been a huge challenge. It has had to be done in a very short timescale and there are a number of people in this room who've contributed to that and given up a huge amount of their own time to ensure that that process has run smoothly. Sarah will talk to us about that work a little later on.

To reassure you, the content of advanced training is not changing. It's just the packaging which is changing into this new format. I think in the future there will need to be another piece of work looking at advanced training, but to reassure your trainees and trainers back in your hospital that requirements and expectations will not change.

Where are we now? We submitted the final core curriculum to the GMC in January of this year and we heard back from them in April. Overall, the response was positive, in terms of they were happy to approve our new core curriculum depending on a few conditions. One of those was they had concerns about how trainees in some areas would access training in abortion services. As you may be aware, in Northern Ireland, in terms of termination of pregnancy, at the moment it is not possible. Therefore trainees being able to access that and meet core requirements was going to be challenging, so we've put some caveats into the curriculum about that.

Obviously people have conscientious objection. We've added a statement about those people who work in areas where they do not have abortion services so they can't access that. As you'll be aware, in the press just this week I think there's a drive to change in terms of the provision of abortion services in Northern Ireland. I would hope in the future that trainees will be able to access that training.

The GMC are always really cautious about implementation and timescales and in terms of implications on NHS services, so the input of NHS providers has been very important. I think a reassurance that things aren't changing drastically, but I'm aware of the change and the time which is involved in introducing change will have an impact, particularly on trainers, I think, within our units.

We've been working very hard on education resources, so in terms of Suzanne Wallace and Jo Davies, who've been doing a lot of work on things on StratOG to support this. We've produced a number of what we call CiP guides to help you as trainers and our trainees about expectations of what might be expected and the evidence you might collect for that CiP. In each CiP guide there are some case studies to help trainers and trainees about what would be acceptable and what would be insufficient evidence. I guess this is an ongoing process and will continue to be improved.

Obviously we've got a workshop today. That is disseminating information to you. I'm hoping that you will act as our champions locally to deliver the messages and use the training packages in your local areas to ensure that your trainers and trainees understand the rationale behind the new curriculum and how it may work. In terms of the advanced training curricula with the GMC at the moment, we're expecting approval from the repackaging of those advanced curricula within the next few weeks.

There's obviously a strategy for implementation, a strategy for transfer of trainees from the current 2013 curriculum onto our new 2019 curriculum. I suppose, very broadly speaking, everyone will be required to change onto the new curriculum unless you are an ST6 or 7, where you have the option to change or you can remain on the current 2013 curriculum. If you wish to stay on the 2013 curriculum, then the 30 competencies which are within the advanced part of our current curriculum will be put on a single page on the front of the ePortfolio and you will have to complete those and work to the matrix which currently exists.

Trainees who are in ST1 to 4 will move over to the new curriculum. At ARCP, they will be given an outcome and that will be then transferred onto the new curriculum. Then they will have to make the assessments on the new curriculum and meet the requirements based on their next year of training. We'll talk a little bit more about that this afternoon.

In summary, I hope that you would agree that our new curriculum will give us the ability to train obstetricians and gynaecologists for their job as a specialist in a busy and dynamic 21st century healthcare system. I think it will develop professional and speciality-specific skills with a greater emphasis on non-technical skills.

There are a huge number of people I need to thank, and not least all of you in the room. I guess the people I'd personally like to thank are Jo Mountfield, the SEAC Chair; Rehan Khan; Adalina Sacco, the Trainees' Committee Chair; Suzanne Wallace, our Education Resources Adviser; Colin Duncan, who has produced all the knowledge criteria for the new curriculum; the whole of the Core Curriculum Committee; and then the whole of the RCOG staff, so Kim, Bettina, Sakinah, Alex in the ePortfolio, Matt in the Public and Patient Engagement Group, Jo Davies and the Women's Network; and obviously the support of Janice Rymer.